



CITY OF LONG BEACH

DEPARTMENT OF HEALTH AND HUMAN SERVICES

2525 Grand Avenue Room 220 ! Long Beach, CA 90815 ! 562-570-4132 FAX 562-570-4038

BUREAU OF ENVIRONMENTAL HEALTH

RAT POISON RELEASE

IMPORTANT! PLEASE READ ENTIRE FORM BEFORE SIGNING

For and in consideration of the services of the Health Department of the City of Long Beach as described herein, I/we, being of lawful age, do hereby release and forever discharge the City of Long Beach, a municipal corporation, its officers, boards, agents and employees from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever, and particularly on account of all injuries, both to person and property, which may result from the

RAT POISON

on the _____ day of _____ 200__ and
dates thereafter at or near _____.

I/we further state that I/we have carefully read the foregoing release and know the contents thereof, and I/we sign the name as my/our free act and it is my/our intention to be legally bound hereby.

WITNESS my/our hand at Long Beach, California this _____ day of _____
200__.

I have read this entire form and agree to the terms and conditions stated above:

Signed: _____

WITNESS
